



DEPARTMENT OF THE NAVY

NAVAL MEDICAL CLINIC
3259 CATLIN AVENUE
QUANTICO, VIRGINIA 22134-6050

ORIGINAL

IN REPLY REFER TO

NMCLQUANTINST 6120.20B
Code 0105

MAR 16 2001

NAVAL MEDICAL CLINIC QUANTICO INSTRUCTION 6120.20B

From: Commanding Officer

Subj: COMPETENCE FOR DUTY EXAMINATION, EVALUATION OF SOBRIETY,
AND OTHER BODILY VIEWS AND INTRUSIONS

Ref: (a) BUMEDINST 6120.20B
(b) MIL. R. EVID. 312, 313(b)

Encl: (1) NAVMED Form 6120/1 (Rev 1-82)

1. Purpose. To provide guidance to Naval Medical Clinic, Quantico (NMCLQ) personnel in requesting and processing competence for duty examinations, evaluations of sobriety, and bodily views and intrusions.
2. Cancellation. NMCLQUANTINST 6120.20A.
3. Scope. This instruction applies to all military members referred or assigned to NMCLQ. Other military personnel may also be evaluated for duty when referred by the proper authority.
4. Background. In circumstances involving possible alcohol and/or drug intoxication, drug abuse or adverse reactions to medications, there is an immediate need to know if the person concerned is within the legal alcohol limits and/or is competent to perform his or her duties. In addition, it must be determined if the person is a danger to self and/or to others. Enclosure (1) will be used to assist medical personnel in determining such instances. Medical personnel may also be requested to assist in accomplishing views of the human body or bodily intrusions for reasons of military justice.
5. Policy.
 - a. An evaluation of competency can have many legal and administrative consequences. Great care must be exercised to ensure that references (a) and (b), and enclosure (1) are followed correctly and appropriately.
 - b. The admissibility of evidence gained from such evaluations is not a matter for medical personnel to decide. However, medical personnel will cooperate with law enforcement personnel and other proper authorities, and can legally be required to provide a complete report of their findings to the requesting authority without the consent of the patient.
 - c. Reference (a) discourages the taking of body fluids when it is determined that clinical observation is sufficient to establish competency.

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d. In instances of need for samples of body fluids for therapeutic purposes, such samples may be drawn and used for both medical and appropriate evidentiary purposes.

e. When body fluids are requested by law enforcement personnel and other proper authorities, medical personnel shall assist subject to the following restrictions:

(1) There is a valid search warrant or command authorization.

(2) When law enforcement officials indicate that a delay to obtain a search warrant could result in destruction of evidence.

(3) The patient consents to the procedure.

f. Medical personnel shall not conduct or assist in the taking of body fluids when it is determined by a credentialed health care provider that doing so would endanger the patient's life.

g. All views of or intrusions into the body performed by medical personnel shall be accomplished with due regard for the individual's privacy. A credentialed health care provider will initially evaluate the patient. Collection of body fluids may be performed by a trained corpsman maintaining the chain of custody requirements at all times.

6. Action.

a. The requesting authority will be responsible for providing any necessary rights, advise to, or documenting any consent of, the individual subject to the examination. It is not necessary to read Article 31 UCMJ rights to the patient if questions asked and collection of body fluids by medical personnel are for medical treatment purposes. When evaluating a patient for competence for duty, medical personnel will limit their questions to medical questions only.

b. The Commanding Officer (CO) requesting a competence for duty examination must complete items 1-12 of enclosure (1). This form must accompany the patient to the clinic. In the absence of the CO, the following may request a competence for duty examination:

- (1) Executive Officer
- (2) Officer in Charge (OIC)
- (3) Staff or Command Duty Officer (SDO/CDO)
- (4) Law enforcement personnel

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If the patient arrives without proper authorized documentation, the credentialed health care provider will contact the individual requesting the examination. The individual contacted will initiate the process by completing items 1-12 of enclosure (1) and deliver the form to the clinic immediately.

c. Only the patient's CO, OIC, or the CO's superior can authorize a probable cause search, i.e., collection of body fluids.

d. Examinations will be conducted in the Military Medicine Department during normal working hours. When collection of body fluids is requested as part of the competence for duty examination after NMCLQ Laboratory Department is closed, the patient will be directed to go to National Naval Medical Center, Bethesda Emergency Room. If no body fluid collection is requested, competence for duty examinations will be conducted at Naval Medical Clinic, Quantico by the duty PCM.

e. Reports. The findings of a credentialed health care provider shall be reported on NAVMED Form 6120/1 (Enclosure (1)) and forwarded to the authority requesting the examination. Medical personnel will maintain copies of all documents.

f. The use of NAVMED 6120/1 and the guidance provided by references (a) and (b) must be strictly adhered to. Addressees shall consult with the cognizant Staff Judge Advocate or Naval Legal Service Office regarding questions of a legal nature arising out of the implementation of this instruction.


K. A. RIEF

Distribution:
List I

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COMPETENCE FOR DUTY EXAMINATION
 NAVMED 6120/1 (REV. 1-82)

INSTRUCTIONS FOR THE USE AND PURPOSE OF THIS FORM ARE CONTAINED IN BUMEDINST 6120.20 SERIES.
 THIS FORM SHALL NOT BE USED FOR PROCEDURES PERFORMED FOR CLINICAL OR THERAPY PURPOSES

DEFINITION OF COMPETENCE FOR DUTY

FOR PERSONS IN THE NAVAL SERVICE: The ability to perform fully the naval duties to which the individual normally would be assigned. (Note: A person who has indulged in intoxicating beverages, narcotics or dangerous drugs to such an extent as to impair sensibly the rational and full exercise of his mental and physical faculties cannot be entrusted with the duties incident to naval service. The fact that the person is in a patient, leave, or liberty status is immaterial to the determination of his competence to perform his naval duties.)

FOR ALL OTHERS: The mental and physical ability to perform fully any task or service which the individual may normally be expected to perform.

INSTRUCTIONS

1. Items 1-12 shall be completed in duplicate by the commanding officer or other proper authority requesting examination.
2. Items 13-48 shall be completed by medical officer conducting examination. Under item 13, History, include information provided by examinee as to ingestion and quantity of alcoholic beverage, narcotic, drug substance, or food, and time taken. Note any evidence of disease or injury (other than the condition promoting this examination) in item 16.
3. When conducting an examination for competence for duty and individual is accused or suspected of an offense, comply with BuMedInst 6120.20 series.
4. All treatment provided at the time of examination shall be entered on form NAVMED 6150/3, Sick Call Treatment Record.

A. REQUEST FOR EXAMINATION

1. TO:	2. DATE	3. TIME (Hours)
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It is requested that a physical examination be given the following individual to determine competence for duty.

4. NAME (Last, first, middle)	5. GRADE OR RATE	6. DUTY STATION
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7. REASON FOR REFERRAL

Check here if laboratory analysis is desired.

8. SIGNATURE (Requester)	9. GRADE OR RATE	10. TITLE
11. NAME OF REQUESTER (Type/write or print in ink)		12. DUTY STATION

C. CLINICAL EXAMINATION

13. HISTORY

14. GENERAL APPEARANCE (Include appearance of clothing)	15. MENTAL STATE
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16. DISEASES OR INJURIES (Other than the condition prompting this examination, per inst. 2 above)

17. TEMPERATURE	18. PULSE (Rate and character)
19. BLOOD PRESSURE	
20. FACE (Flushed, pallid, cyanotic)	21. TONGUE
	22. BREATH
23. SKIN (Warm, cool, moist, dry, pale)	24. SPEECH (Thick, slurred, ability to repeat words such as Merciful, Pedestrian, Peter Piper)
25. EYES (Size of pupils, reaction to light, conjunctivae, etc.)	

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26. OTHER CONDITIONS		27. SAMPLE OF HANDWRITING
VOMITING		
INCONTINENCE OF URINE		
INCONTINENCE OF FECES		

C. NEUROLOGICAL EXAMINATION

28. REFLEXES		29. COORDINATION	
HYPERACTIVE	FINGER TO NOSE	ROMBERG TEST	
HYPOACTIVE	HEEL TO KNEE		
TREMOR	ABILITY TO APPROACH AND PICK UP OBJECT FROM THE FLOOR	GAIT	

D. LABORATORY EXAMINATIONS (If requested in Part A)

30. BLOOD ANALYSIS (Name of test and results expressed as mgm per ml or in other standard units)	31. TIME TAKEN (HOUR)	33. OTHER TESTS (Gastric contents, urine, etc.)	34. TIME TAKEN (HOUR)
	32. DATE		35. DATE
36. SPECIMEN OBTAINED BY (Name of person)		37. RESULTS VERIFIED BY (Name of person)	

E. CONCLUSIONS AS TO COMPETENCE FOR DUTY

Check the applicable "YES" or "NO" box to indicate answer.

38. Is examinee competent to perform duty?	YES	NO	If the answer to item 38 is NO, also answer items 39 and 40 and indicate in block 43 the approximate time examinee is expected to become competent to return to duty. If the answer to item 39 is YES, describe in block 16 DISEASES or INJURIES. If answer to item 40 is YES describe under block 42.
39. Is examinee's condition due to disease or injury?			
40. Is examinee's condition due to the use of drugs or alcohol?			

41. DISPOSITION: RETURNED TO FULL DUTY ADMITTED TO SICKLIST RELEASE TO CUSTODY OF (Specify to whom)

42. REMARKS (All answers should be as brief as possible. Items requiring more space should be continued in this "Remarks" block. Specify item continued.)

F. RESPONSE TO REQUESTER

In accordance with the request in Section A, the individual has been examined as set forth above to determine competence for duty.

A signed copy of this report is being inserted in the Health Record of the individual.

43. THE INDIVIDUAL HAS HAS NOT RECEIVED A COPY OF THIS REPORT.

44. SIGNATURE (Examiner)	45. GRADE OR RATE	46. DUTY STATION	47. TIME _____ DATE _____
48. NAME (Typewrite)			